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## APPLICANTS

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*None*  
 \*\* CONTINUING DATA \*\*\*\*\*

*RB*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RB Mon</i> Examiner's Signature	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
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## TITLE

Neuroprotective complex for treatment of cerebral ischemia and injury

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